MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25535

File No.

Registered No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 20 1933

1. PLACE OF DEATH
County Atchison Registration District No. 19
Township Clay Primary Registration District No. 4013
City (No. St. Ward)

2. FULL NAME Dr. O. M. C. Chamberlain

(a) Residence. No. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Mary Chamberlain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4 - 1881

7. AGE: Years 51, Months 11, Days 10. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rock Port Mo (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. W. E. Chamberlain
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Beaty Chamberlain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

14. INFORMANT Mary Chamberlain
(Address) Rock Port Mo

15. FILED Aug 14 1933 Mary G Chamberlain REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 — 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 — 1933, to Aug 14 — 1933 that I last saw h... alive on Aug 12 — 1933, and that death occurred, on the date stated above, at 1930 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94A
(duration) Do not Know ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) C. M. Lewis, M. D.
, 19 (Address) Rock Port Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenhill Cemetery
DATE OF BURIAL: Aug 17 1933

20. UNDERTAKER: C. E. Botham
ADDRESS: Rock Port Mo

2/3
1
10
2